Distinction

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: **DELAWARE**

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation	4.26	Drug Utilization Review Program

1927(g)
42 CFR 456.700

A. (1) The Medicaid agency meets the requirements of Section 1927(g) of the Act for a drug use review (DUR) program for outpatient drug claims.

1927(g)(1)(A)

(2) The DUR program assures that prescriptions for outpatient drugs are:

- Appropriate
- Medically necessary
- Are not likely to result in adverse medical results.

1927(g)(1)(a)
42 CFR 456.705 (b) and 456.709(b)

B. The DUR program is designed to educate physicians and pharmacists to identify and reduce the frequency of patterns of fraud, abuse, gross overuse, or inappropriate or medically unnecessary and care among physicians, pharmacists, and patients or associated with specific drugs as well as:

- Potential and actual adverse drug reactions
- Therapeutic appropriateness
- Overutilization and underutilization
- Appropriate use of generic products
- Therapeutic duplication
- Drug disease contraindications
- Drug-drug interactions
- Incorrect drug dosage or duration of drug treatment
- Drug-allergy interactions
- Clinical abuse/misuse

1927(g)(1)(B) 42 CFR 456.703 (d) and (f)

C. The DUR program shall assess data use against predetermined standards whose source materials for their development are consistent with peer- reviewed medical literature which has been critically reviewed by unbiased independent experts and the following compendia:

- American Hospital Formulary Service Drug Information
- United States Pharmacopeia-Drug Information
- American Medical Association Drug Evaluations

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1927(g)(1)(D)
42 CFR 456.703(b)

D. DUR is not required for drugs dispensed to residents of nursing facilities that are in compliance with drug regimen review procedures set forth in 42 CFR 483.60. The State has never-the-less chosen to include nursing home drugs in:

☒ Prospective DUR
☒ Retrospective DUR.

1927(g)(2)(A)
42 CFR 456.705(b)

E. 1. The DUR program includes prospective review of drug therapy at the point of sale or point of distribution before each prescription is filled or delivered to the Medicaid recipient.

1927(g)(2)(A)(i)
42 CFR 456.705 (b), (1)-(7))

2. Prospective DUR includes screening each prescription filled or delivered to an individual receiving benefits for potential drug therapy problems due to:

- Therapeutic duplication
- Drug-disease contraindications
- Drug-drug interactions
- Drug-interactions with non-prescription or over-the-counter drugs
- Incorrect drug dosage or duration of drug treatment
- Drug allergy interactions
- Clinical abuse/misuse

1927(g)(2)(A) (ii)
42 CFR 456.705 (c) and (d)

3. Prospective DUR includes counseling for Medicaid recipients based on standards established by State law and maintenance of patient profiles.

1927(g)(2)(B)
42 CFR 456.709 (a)

F. 1. The DUR program includes retrospective DUR through its mechanized drug claims processing and information retrieval system or otherwise which undertakes ongoing periodic examination of claims data and other records to identify:

- Patterns of fraud and abuse
- Gross overuse
- Inappropriate or medically unnecessary care among physicians, pharmacists, Medicaid recipients, or associated with specific drugs or groups of drugs.

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927(g)(2)(C)
42 CFR 456.709 (b)

F. 2. The DUR program assesses data on drug use against explicit predetermined standards including but not limited to monitoring for:

- Therapeutic appropriateness
- overutilization and underutilization
- Appropriate use of generic products
- Therapeutic duplication
- Drug-disease contraindications
- Drug-drug interactions
- Incorrect drug dosage/duration of drug treatment
- Clinical abuse/misuse

1927(g)(2)(D)
42 CFR 456.711

3. The DUR program through its State DUR Board, using data provided by the Board, provides for active and ongoing educational outreach programs to educate practitioners on common drug therapy problems to improve prescribing and dispensing practices.

1927(g)(3)(A)
42 CFR 456.716(a)

G. 1. The DUR program has established a state DUR Board either:
☒ Directly,
☐ or Under contract with a private organization

1927(g)(3)(B)
42 CFR 456.716
(A) and (B)

2. The DUR Board membership includes health professionals (one-third licensed actively practicing pharmacists and one"', third but no more than 51 percent licensed and actively practicing physicians) with knowledge and experience in one or more of the following:

- Clinically appropriate prescribing of covered outpatient drugs.
- Clinically appropriate dispensing and monitoring of covered outpatient drugs .
- Drug use review, evaluation and intervention.
- Medical quality assurance.

927(g)(3)(c)
42 CFR 456.716 (d)

3. The activities of the DUR Board include:

- Retrospective DUR,
- Application of Standards as defined in section 1927(g)(2)(C), and
- Ongoing interventions for physicians and pharmacists targeted toward therapy problems or individuals identified in the course of retrospective DUR.

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Citation	4.26	Drug Utilization Review Program

1927(g)(3)(C)
42 CFR 456.711
(a)-(d)

G. 4. The interventions include in appropriate instances:

- Information dissemination
- Written , oral, and electronic reminders
- Face-to-Face discussions
- Intensified monitoring/review of prescribers/dispensers

1927(g)(3)(D)
CFR 456.712
(A) and (B)

H. The State assures that it will prepare and submit an annual report to the Secretary, which incorporates a report from the State DUR Board, and that the State will adhere to plans, steps, procedures as described in the report.

1927 (h)(1)
42 CFR 456.722

☒ I. 1. The State establishes, as its principal means of processing claims for covered outpatient drugs under this title, a point-of-sale electronic claims management system to perform on-line:

- real time eligibility verification
- claims data capture
- adjudication of claims
- assistance to pharmacists, etc. applying for and receiving payment.

1927(g)(2)(A)(i)
42 CFR 456.705(b)

☒ 2. Prospective DUR is performed using an electronic point-of-sale drug claims processing system.

1927 (j)(2)

J. Hospitals which dispense covered outpatient drugs are exempted from the drug utilization review requirements of this section when facilities use drug formulary systems and bill the Medicaid program no more than the hospital's purchasing cost for such covered outpatient drugs.

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1902(a)(85)

K. Section 1004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act)

a. Claim Review Limitations

i. Prospective Safety Edits on opioids including early, duplicate fill, and quantity limits for clinical appropriateness.

ii. Maximum Daily Morphine Milligram Equivalents (MME) Safety Edits: A maximum dosing limit on opioids limits the daily morphine milliequivalent (as recommended by clinical guidelines) and regularly reviewed by the state.

iii. Concurrent Utilization Alerts: Prospective drug-to-drug interaction alerts require a response from the pharmacy if an opioid and benzodiazepine or opioid and antipsychotic are being dispensed within an overlapping period. Retrospective reviews are performed on an ongoing periodic basis to alert prescribers of these alerts.

iv. Comprehensive Retrospective DUR is performed on opioid prescriptions on an ongoing periodic basis.

b. Programs to monitor antipsychotic medications to children

i. Antipsychotic agents are reviewed for age appropriateness, duplicate therapy, and adverse effects in children based on the FDA product approval and clinical guidelines

c. Fraud and abuse identification

i. DMMA receives monthly data of recipient prescriptions from the Prescription Monitoring Program for review, analysis and investigation for additional steps to be taken, such as audits or client lock-in to a specific pharmacy, when clinical concerns are established.